

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Assisted Living Federation of America

ADDRESS (number and street)

1650 King Street

Suite 602

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00338020

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms Maribeth Bersani

Signature of Treasurer

Electronically Filed by Ms Maribeth Bersani

Date

04

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**
Transaction ID :

Assisted Living Federation of America 2010 Q1 Report.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 27

Write or Type Committee Name
Assisted Living Federation of America

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	172107.70
(b) Cash on Hand at Beginning of Reporting Period	172107.70	
(c) Total Receipts (from Line 19)	15977.40	15977.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	188085.10	188085.10
7. Total Disbursements (from Line 31)	25616.72	25616.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162468.38	162468.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 27

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11770.00	11770.00
(ii) Unitemized	165.00	165.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11935.00	11935.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14935.00	14935.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1042.40	1042.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15977.40	15977.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15977.40	15977.40

DETAILED SUMMARY PAGE

of Disbursements

5 / 27

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	366.72	366.72	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	366.72	366.72	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	250.00	250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25616.72	25616.72	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25616.72	25616.72	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 27

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14935.00	14935.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14685.00	14685.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	366.72	366.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	1042.40	1042.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-675.68	-675.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Karen Barno

Mailing Address 1913 E Libra Dr

City

Tempe

State

AZ

Zip Code

85283-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer
ksbarno@azalfa.org

Occupation
ED

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: C839165

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Chris Beekman

Mailing Address 7910 S 20th St

City

Lincoln

State

NE

Zip Code

68512-9486

FEC ID number of contributing
federal political committee.

C

Name of Employer
My Innerview

Occupation
National Accounts Director

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: C893677

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Debbie Brevik

Mailing Address 8200 E 32nd St N

City

Wichita

State

KS

Zip Code

67226-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA of Kansas

Occupation
Vice President

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: C877869

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Scott Brinker

Mailing Address 3809 River Rd

City

Toledo

State

OH

Zip Code

43614-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation

Senior Vice President - Underwriting &

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	1	0

Transaction ID: C866345

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Josh Davis

Mailing Address 1301 McKinney St
Ste 2700

City

Houston

State

TX

Zip Code

77010-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebanks Taylor Horne

Occupation

Attorney

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: C890864

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerome Finis

Mailing Address 701 Lee St
Ste 500

City

Des Plaines

State

IL

Zip Code

60016-4547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pathway Senior Living, LLC

Occupation

CEO

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: C848316

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Rick Freistat

Mailing Address 2420 NW 16th Ln

City

Pompano Beach

State

FL

Zip Code

33064-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laser Services

Occupation

Senior Vice President

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C890126

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas Grape

Mailing Address 180 Highland St

City

Weston

State

MA

Zip Code

02493-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benchmark Assisted Living

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: C898296

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Allison Guthertz

Mailing Address 2 Herrick Dr
Apt 2H

City

Lawrence

State

NY

Zip Code

11559-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benchmark Assisted Living

Occupation

VP of Quality Resident Services

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: C893545

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Isaac Hagerman

Mailing Address 55425 Santa Fe Trl

City

Yucca Valley

State

CA

Zip Code

92284-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Fe Assisted Living

Occupation
Owner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: C884576

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Guy Hemond

Mailing Address 8 Park Lane Ave

City

Milford

State

MA

Zip Code

01757-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benchmark Assisted Living

Occupation
VP Dining Services

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 1 0

Transaction ID: C892744

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles Herman

Mailing Address 2540 Falmouth Rd

City

Ottawa Hills

State

OH

Zip Code

43615-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation
EVP-Chief Investment Officer

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C853661

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Charles Herman

Mailing Address 2540 Falmouth Rd

City

Ottawa Hills

State

OH

Zip Code

43615-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation

EVP-Chief Investment Officer

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C853664

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nancy Hodes

Mailing Address 433 State St

City

Albany

State

NY

Zip Code

12203-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hodes & Landy

Occupation

Partner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C896302

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ken Jaeger

Mailing Address 8750 Crooked Stick Ct

City

Lone Tree

State

CO

Zip Code

80124-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer
MorningSar Senior Living

Occupation

Senior Living Operator

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: C890889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Doug Johnson

Mailing Address 30 E 39th St
Seniors for LivingCity State Zip Code
New York NY 10016-2555FEC ID number of contributing
federal political committee.

C

Name of Employer
Seniors for LivingOccupation
EVP, Sales and MarketingReceipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: C845097

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Choo Jun

Mailing Address 221 1st Ave W
Ste 350City State Zip Code
Seattle WA 98119-4224FEC ID number of contributing
federal political committee.

C

Name of Employer
A Place for MomOccupation
VP of MarketingReceipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: C892724

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joe Kenkel

Mailing Address 1521 Dorie Ct

City State Zip Code
Fenton MO 63026-5399FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Senior HousingOccupation
VP ConstructionReceipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: C897077

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Stephen Kennery

Mailing Address 2865 Parkway Dr

City

Martinez

State

CA

Zip Code

94553-6904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carlton Senior Living LLC

Occupation

VP Culinary Services

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: C890054

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brad Klitsch

Mailing Address 222 W. Aster Lane

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Direct Supply Inc.

Occupation

Senior Vice President of Market Develo

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	1	0

Transaction ID: C904291

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeff Krueger

Mailing Address 3131 Elliott Ave
Ste 500

City

Seattle

State

WA

Zip Code

98121-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emeritus Corporation

Occupation

Director of Risk Management

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: C891632

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Virginia Lynch Landy

Mailing Address 42 W Bayberry Rd

City

Glenmont

State

NY

Zip Code

12077-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hodes & LandyOccupation
Partner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: C896264

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce Mackey, Jr.

Mailing Address 175 Locksley Rd

City

Lynnfield

State

MA

Zip Code

01940-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Five Star Quality CareOccupation
President and CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: C852984

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Allen Nickerson

Mailing Address 825 Arnold Dr
Ste 110

City

Martinez

State

CA

Zip Code

94553-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carlton Senior LivingOccupation
VP, Human Resources

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: C873499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Lee Paulk

Mailing Address 3395 Fairway Bend Dr

City

Dacula

State

GA

Zip Code

30019-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired teacher

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 0

Transaction ID: C845658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Amy Jo Powers

Mailing Address 2601 Touchmark Dr

City

Appleton

State

WI

Zip Code

54914-8785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touchmark Living Centers

Occupation

Executive Director

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: C892716

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Darren Prouty

Mailing Address 9535 Cotswold Ln

City

Lincoln

State

NE

Zip Code

68526-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer
My InnerView

Occupation

National Accounts Director

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C896220

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

David Pumpelly

Mailing Address 3102 Arborshade Trce SE

City

Owens Cross Roads

State

AL

Zip Code

35763-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottage Senior Living, In-
c.

Occupation

ALF Owner/Operator

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: C869446

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frank Russo

Mailing Address 27123 Calle Arroyo

City

San Juan Capistran

State

CA

Zip Code

92675-2763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverado Senior Living

Occupation

Pimp

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: C891630

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Stone

Mailing Address 2506 N Spring Meadow St

City

Wichita

State

KS

Zip Code

67205-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA of Kansas, Inc.

Occupation

Account Executive

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: C877828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Tory Taylor

Mailing Address 1301 McKinney St
Ste 2700

City State Zip Code
Houston TX 77010-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebanks Taylor Horne

Occupation
Attorney

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: C890865

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lon Walters

Mailing Address 15 Paradise Plz
367

City State Zip Code
Sarasota FL 34239-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodlands Assisted Living

Occupation
Owner

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 1 0

Transaction ID: C842474

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Barbara Watkins

Mailing Address 33 Hofstra Dr

City State Zip Code
Plainview NY 11803-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benchmark Assisted Living

Occupation
SrVP of Resident Care

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C896727

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Joseph Weisenburger

Mailing Address 26178 Edinborough Cir

City

Perrysburg

State

OH

Zip Code

43551-9398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation

VP-Senior Housing

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: C866344

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City

Essex

State

MD

Zip Code

21221-6091

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALFA

Occupation

Association Executive

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845137

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City

Essex

State

MD

Zip Code

21221-6091

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALFA

Occupation

Association Executive

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 0

Transaction ID: C873035

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City

Essex

State

MD

Zip Code

21221-6091

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALFA

Occupation

Association Executive

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	0

Transaction ID: C878097

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City

Essex

State

MD

Zip Code

21221-6091

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALFA

Occupation

Association Executive

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

Transaction ID: C891901

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

11770.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 27

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Direct Supply Inc. Partners PAC

Mailing Address 6767 N. Industrial Road

City

Milwaukee

State

WI

Zip Code

53223

FEC ID number of contributing
federal political committee.**C**

C00409516

Name of Employer

Occupation

Receipt For: 2010

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	0

Transaction ID: C875716

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 27

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.40

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: C904150

Amount of Each Receipt this Period

797.14

Reimbursement Bank-Transf-
er for Credit Card Fees

B.

Full Name (Last, First, Middle Initial)

Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.40

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 0

Transaction ID: C904151

Amount of Each Receipt this Period

123.65

Reimbursement Bank-Transf-
er for Credit Card Fees

C.

Full Name (Last, First, Middle Initial)

Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.40

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C904152

Amount of Each Receipt this Period

121.61

Reimbursement Bank-Transf-
er for Credit Card Fees

SUBTOTAL of Receipts This Page (optional)

1042.40

TOTAL This Period (last page this line number only)

1042.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D93731 Date of Disbursement																				
Mailing Address 1445 New York Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	0												
City Washington State DC Zip Code 20005-2134	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td colspan="10">123.65</td> </tr> </table>	123.65																			
123.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D93732 Date of Disbursement																				
Mailing Address 1445 New York Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	0												
City Washington State DC Zip Code 20005-2134	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td colspan="10">121.61</td> </tr> </table>	121.61																			
121.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D93733 Date of Disbursement																				
Mailing Address 1445 New York Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Washington State DC Zip Code 20005-2134	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td colspan="10">121.46</td> </tr> </table>	121.46																			
121.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

366.72

TOTAL This Period (last page this line number only)

366.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A. Full Name (Last, First, Middle Initial) Sen. Bob Casey	Transaction ID: D93741 Date of Disbursement																				
Mailing Address 383 Russell Senate Office Building	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	0												
City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Election Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	Transaction ID: D93737 Date of Disbursement																				
Mailing Address PO Box 3241	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Cheyenne State WY Zip Code 82003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Election Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE	Transaction ID: D93740 Date of Disbursement																				
Mailing Address PO Box 526	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	0												
City Medford State MA Zip Code 02155	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Election Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Edward J. Markey	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

LEVIN FOR CONGRESS

Mailing Address PO Box 37

City
RosevilleState
MIZip Code
48066Purpose of Disbursement
2010 General Election ContributionCandidate Name
Rep. Sander M. LevinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: D93738

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

BILL NELSON FOR U S SENATE

Mailing Address 500 RED SAIL WAY

City
SATELITE BEACHState
FLZip Code
32937Purpose of Disbursement
2010 Primary Election ContributionCandidate Name
Sen. Bill NelsonCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: D93734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	0

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

C.

Full Name (Last, First, Middle Initial)

BILL NELSON FOR U S SENATE

Mailing Address 500 RED SAIL WAY

City
SATELITE BEACHState
FLZip Code
32937Purpose of Disbursement
2010 General Election ContributionCandidate Name
Sen. Bill NelsonCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: D93735

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	0

Amount of Each Disbursement this Period

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 27

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City
LITTLE ROCK

State
AR

Zip Code
72203

Purpose of Disbursement
2010 General Election Contribution

Candidate Name
Sen. Blanche L. Lincoln

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: D93743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
2010 General Election Contribution

Candidate Name
Sen. Charles E. Grassley

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: D93739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FEINGOLD SENATE COMMITTEE

Mailing Address PO BOX 620062

City
MIDDLETON

State
WI

Zip Code
53562

Purpose of Disbursement
2010 General Election Contribution

Candidate Name
Sen. Russ Feingold

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: D93736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City
MUSKOGEE

State
OK

Zip Code
74402

Purpose of Disbursement
2010 General Election Contribution

Candidate Name
Sen. Tom Coburn

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 00

Transaction ID: D93742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial)

Scott Brinker

Mailing Address 3809 River Rd

City
Toledo

State
OH

Zip Code
43614-4333

Purpose of Disbursement
Refund of contribution to member

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D93744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00